

Psychological Empowerment and Susceptibility to Stress Related Illnesses among Psychiatric Nurses in Alexandria, Egypt

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Abstract: Stress is an everlasting life issue encountered in everyday life. Nursing as a demanding discipline is surrounded by many stressors that have a significant impact on individual nurses making them susceptible to various stress related illnesses. In addition, stressful events faced by nurses can impose greater effect on their provided quality of care. Nurses who are psychologically empowered have higher levels of satisfaction and commitment, and lower levels of job strain and burnout. Therefore, the present study aimed to determine the degree of psychological empowerment of psychiatric nurses and their susceptibility to develop stress related illnesses. This study used a descriptive correlational design. Data were collected using the socio-demographic questionnaire, the Psychological Empowerment Scale, and The Holmes-Rahe life stress Inventory. Results revealed that psychiatric nurses had high level of psychological empowerment, 36.8% of them had moderate degree of susceptibility to stress related illness and 35.8% of them had high degree of susceptibility to stress related. Moreover, there was no statistically significant relationship between psychological empowerment and susceptibility to stress related illnesses. However, meaningful work subscale of the psychological empowerment was significantly related to female gender. Thus, it can be concluded that psychiatric nurses were highly psychologically empowered regardless of their degree of susceptibility to stress related illnesses and female gender helps nurses to value their work as meaningful.

Keywords: Psychological Empowerment, Susceptibility to Stress Related Illnesses, Life stressors, Meaningful work, Competence, Autonomy, Impact.

I. INTRODUCTION

People perceive life stress differently and react to it in their own individual way⁽¹⁾. Stress can be considered as a positive motivator that facilitates growth, enhances and promotes individuals' ability to work and increase their functional capacity. In other words, a certain level of stress has the ability to empower and enthuse the individual to act and maximize his ability to do his best, thereby enhancing the caring process⁽²⁾.

On the other hand, stress can be appraised negatively as an obstacle compromising the individuals' ability to function appropriately. In this case, stress is perceived as a damaging and destructive agent that result in physical, psychological or social complaints or dysfunction^(2,3). Consequently, they feel unable to bridge the gap between their responsibilities, their expectations placed on them and their energy depletion at time of stress^(1,3).

Life stressors are continuous everyday events which vary from day-to-day and may not bring about major life changes. However, they are responsible for a state of disequilibrium. These stressors may include friction with teenager children, sleep problems, work responsibilities or work deadlines that exert periodic pressures to produce a task by a certain date. Other forms of stressors may be more drastic to the extent that could produce major life changes such as divorce, losing a job, financial dropouts, illness or death of a significant person ⁽⁴⁾.

Stressful life events affect people in different ways and are recognized as the origin of physical and psychological illnesses. These may include feeling of chronic fatigue, being irritable; feeling of inadequacy, feeling less committed to work and burnt out. These effects might result in difficulty thinking in a logic way or making decisions. In extreme cases, long-term stress may lead to serious physical problems such as ulcers, heart diseases, or even cancer. Stress may also be conducive to psychiatric disorders such as anxiety disorders or depression ^(5,6). In this respect, stress with its different degrees and duration can be used as a reliable predictor of the individual degree of susceptibility to develop many forms of stress related disorders or illness ⁽⁷⁾.

Psychiatric nurses are subjected to many sources of stress; including shortage of resources and staff, low income with increased workload as well as death and dying. In addition, the increased liability to encounter work place violence in nursing units is undoubtedly a daily risk. They are also subject to difficulty in making harmony between their exhausting work and family demands ^(8,9). These stressors can have a significant impact on individual nurses and their ability to accomplish tasks because of their altered decision-making, concentration, motivation and sense of empowerment ⁽¹⁰⁾. Accordingly, their susceptibility to develop physical as well as psychological illness increases. It was reported that there is a strong link between empowerment and decreased susceptibility of nurses to develop stress related disorders ^(10,11).

Empowerment is a core concept of the WHO's vision of health promotion emphasized in the Declaration of Alma-Ata and the Ottawa Charter on Health Promotion. The declaration emphasized that empowerment is an important element of human development it is the process of taking control and responsibility or actions that have the intent and potential to lead to fulfillment of capacity ⁽¹²⁾. In a psychiatric mental health context, empowerment refers to the level of choice, influence and control that can be exercised over events. This process enables nurses to gain better understanding and get control over their work as well as life choices. Consequently, they can master their environment and improve their health-related circumstances ^(13,14).

Empowerment is a multifaceted approach and its essence cannot be captured by a single concept. In other words, empowerment is a multidimensional social process that involves two main perspectives namely; structural and psychological empowerment. Originally, the structural view of empowerment focused on empowering the management practices, including the delegation of decision making from higher to lower organizational level. In this structural view, the rationale is that employees will behave in an empowered way by making the necessary changes at the structural level ^(15,16).

In nursing practice, structural empowerment gives the nurses' sense of autonomy and control over their practice. In this respect, empowerment occurs when the work environment is structured in a way that enables nurses to do their work by having access to the needed information, receiving support and having resources necessary to do the job appropriately. This type of empowerment provided nurses an opportunity to learn and grow ^(17,18). It was reported that, nurses who consider their work environment to be structurally empowering, reported higher levels of satisfaction and commitment, and lower levels of job strain and burnout ^(12, 14, 19).

The other perspective of empowerment is psychological empowerment. It is an intrinsic task motivation, reflecting a generic condition in which an individual is pertaining directly to the task. Psychological empowerment is composed of four dimensions, reflecting four distinct cognitions relating to a nurse's orientation to his or her work ⁽²⁰⁾. These dimensions are meaning, competence, autonomy, and impact. Meaning or meaningfulness refers to congruence between requirements of a work role and nurse's beliefs, values, and behaviors ^(21,22). It is concerned with the value of a work goal or purpose, judged in relation to a nurse's own ideals and standards ^(22- 24). Competence refers to self-efficacy specific to one's work, or the employee's belief in his or her capability to perform task activities skillfully when he or she tries ^(24,25).

Autonomy or self-determination is a sense of choice in initiating and regulating one's actions. It reflects sense of control over the initiation and continuation of work behavior, in addition to a causal responsibility for a person's actions. Impact is the degree to which one can influence strategic, administrative, or operating outcomes at work. Finally, impact means the degree to which an employee can influence strategic, administrative, or operating outcomes at work⁽²⁶⁾.

Together, these four dimensions reflect an active, rather than passive, orientation to one's work role. In other words, the experience of empowerment is manifest in all four dimensions. If anyone dimension is missing the experience of empowerment will be limited. For example, if nurses have discretion to make decisions (i.e., autonomy) but they don't care about the kinds of decisions they can make (i.e., they lack a sense of meaning), they will not feel empowered. Alternatively, if nurses believe they can make an impact but don't feel like they have the skills and abilities to do their job well (i.e., they lack a sense of competence), they will not feel empowered as well. Thus, nurses feel psychologically empowered when they experience all four psychological states. In this way, empowerment is the "Gestalt" of the four dimensions^(27,28).

The stressful nature of psychiatric nursing practice giving the daily challenges of dealing with aggressive patients and the increased emotional load in providing empathy for psychiatric patients is undoubtedly proved. In addition, dealing with extra paper work that is imposed by authorities to safeguard psychiatric patients' data and rights is considered as an extra work stress, that increases work related strain. Feelings of psychological empowerment strongly influenced nurses' job strain and work satisfaction^(29,30).

Therefore, studying empowerment in psychiatric nursing field is compulsory in order to develop high quality nursing care, and eliminate one of the main sources of stress. Accordingly, increased level of empowerment can guard against work-strain and stress that may intensify the psychiatric nurses' susceptibility to develop stress related illness or disorders⁽¹⁷⁾.

Aim Of the study

The present study was conducted to determine the level of psychological empowerment of psychiatric nurses and their degree of susceptibility to develop stress related illnesses.

II. MATERIALS AND METHODS

Materials

Study design

This study used a descriptive correlational design to collect the necessary data.

Setting

The study was conducted at EL-Maamoura Hospital for Psychiatric Medicine, in Alexandria, Egypt. The hospital is affiliated to the Ministry of Health and Population. The hospital serves three governorates, namely; Alexandria, Matrouh and El-Beheira. It is composed of twenty four wards, with a total number of 948 beds. Out of the twenty four wards of the hospital, ten wards are for psychotic patients, three wards are for substance dependency/abuse and two geriatric psychiatric wards.

Subjects

The Epi info program was used to estimate the sample size based on using 10% acceptable error, 95% confidence coefficient, 50% expected frequency and population size of 296 nurses. The program revealed that a minimum sample size should be 73 nurses. The number was increased to 100 nurses to be included in the study.

N.B. Incomplete sheets (N=5) were excluded.

Tools of the study

Three tools were used to conduct the study:

- **Tool I: Socio-demographic structured interview schedule:** This covers socio-demographic characteristics of the studied subjects such as age, sex, residence (urban or rural), marital status, occupation and level of education.

Tool II: The Psychological Empowerment Scale. This scale was developed by Spreitzer (1995), to measure four components of psychological empowerment; which are meaningful work, competence, autonomy, and impact⁽²⁹⁾. It is measured on 5 points Likert scale where 1 means strongly disagree while 5 refers to strongly agree. It consists of 12 items, 3 for each component of the scale. For this scale, a mean is calculated for each subscale and by summing up the scores; a total score can be calculated. The higher the score, the better the psychological empowerment perceived. It was reported that the scale is valid and reliable ($r=.80$) across cultures and the validation of the instrument is very good (.80)^(30,31). In this study, the scale has shown good internal consistency (Alpha= .85). For statistical rational, the total score was divided into three levels to illicit mild, moderate and severe levels of psychological empowerment.

Tool III: The Holmes-Rahe lifestress Inventory: This scale was developed by Holmes & Rahe (1967)^(32,33). It was developed based on the observation that important life changes, whether positive such as marriage, or negative such as death of a close friend all induce stress. In some cases, this inventory is also referred to as "social readjustment rating scale"⁽³²⁾. This scale includes 42 possible stressors, each with a score. These scores are summed because stress is cumulative. Thus, this scale can predict the likelihood that the person will be susceptible to stress related illness. Therefore, a score ranging between (0-149) indicates low susceptibility to stress related illness and low amount of life change, and a score ranging between (150-299) indicates moderate susceptibility to stress related illness (50 % chance of a major stress induced health problem in the next 2 years), and a score of 300 and over indicates high (80%) susceptibility to stress related illness in the next 2 years. The scale was tested for validity and reliability. Holmes and Rahe (1967) tested the scale for validity and found a positive correlation (+0.118) between Life Change scores and illness scores. The scale was tested for reliability by Gerst et al. (1978), and it remained extremely consistent both for healthy adults ($r = 0.96 - 0.89$) and patients ($r = 0.91$ to 0.70)⁽³⁴⁾. In the present study, the The Holmes-Rahe lifestress Inventory had acceptable internal consistency (Alpha= .78)

Methods

1. A written permission from the department of Psychiatric Nursing and Mental Health was obtained in the department's council.
2. Tool I was translated into Arabic and reviewed by 5 experts in the field of Psychiatric Nursing. Then a bilingual expert in the field of Psychiatric Nursing translated The Holmes-Rahe life stress Inventory.
3. A jury of five experts in Psychiatric Nursing and Mental health evaluated the validity of the scales and reported that the scales have face and content validity.
4. A pilot study was done on 20 psychiatric nurses to examine the feasibility and acceptability of the study tools.
5. Alpha Cronbach's was done to measure the internal consistency of the study tools (alpha = .78 and .85 for the Holmes-Rahe life stress Inventory and the psychological empowerment scale, respectively).
6. Subjects of the study were selected conveniently until the sample size was obtained.
7. The aim of the study was explained to psychiatric nurses and an informed consent was obtained from those who accepted to participate in the study.
8. Psychiatric nurses were interviewed individually for 45 minutes each to complete the study tools. Data were revised for missing data. Incomplete sheets (N=5) were excluded.
9. Statistical analysis was done using SPSS (v20).
10. Data were analyzed descriptively to obtain means, standard deviation, number and percentage. Then bivariate analysis was done using Chi square test, and t-test.

Ethical consideration

- 1-Informed oral consent was obtained from all nurses .
- 2- Confidentiality of nurses' information was secured by using code number .
- 3-Nurses were assured that they had right withdraw at any time.
- 4-The information obtained used only for scientific research.

III. RESULTS

Table 1 shows the distribution of the socio-demographic data for the studied psychiatric nurses. It can be noticed that 38.9% of the subjects are in the age group ranging between 30 to less than 40, and 77.9% of the subjects are female. The table revealed that 74.7% of the psychiatric nurses are working in grates wards and 61.1% had a diploma degree. The table also shows that 20% of the studied nurses have less than five years of experience in the psychiatric field while 8.4% of the studied nurses had years of experience in psychiatric nursing ranging from 25 to less than 30 years of experience.

Table (1): Distribution of the socio-demographic data for the studied psychiatric nurses (n=95)

Socio-demographic data		No	%
Age	20-	30	31.6
	30-	37	38.9
	40-	16	16.8
	50-59	12	12.6
Sex	Male	21	22.1
	Female	74	77.9
Ward	A gratis	46	48.4
	B gratis	9	9.5
	C gratis	10	10.5
	D gratis	6	6.3
	Paid words	24	25.3
Education	Diploma Degree	58	61.1
	Technical Degree	15	15.8
	Bachelor Degree	22	23.2
Years of Experience in psychiatry	<5	19	20.0
	5-	10	10.5
	10-	11	11.6
	15-	23	24.2
	20-	15	15.8
	25-	8	8.4
	30+	9	9.5

Table 2 shows distribution of the studied psychiatric nurses according to their degree of susceptibility to stress related illness and levels of psychological empowerment. It can be observed that 27.4% of the studied psychiatric nurses demonstrated low susceptibility to stress related illness in the next two years. While 36.8% of them had moderate degree of susceptibility to stress related illness (i.e., 50% chance of developing major stress-induced health problems in the next two years high degree). Additionally, 35.8% of them had high degree of susceptibility to stress related illness (i.e., 80% chance of developing major stress-induced health problems in the next two years high degree). Regarding the levels of psychological empowerment, 84.21% of the studied psychiatric nurses showed high level of total psychological empowerment. In relation to the psychological empowerment subscales, the highest percentages of the studied psychiatric nurses showed high levels of meaningful work, competence, autonomy and impact (77.89%, 89.47%, 78.95%, and 64.21%, respectively).

Table (2): Distribution of the studied psychiatric nurses according to their degree of susceptibility to stress related illness and levels of psychological empowerment

Degree of susceptibility to stress related illness and levels of psychological empowerment	No	%
Degree of susceptibility to stress related illness within the next 2 years.		
• Low	26	27.4
• Moderate (50% chance of developing major stress-induced health problems in the next two years high degree)	35	36.8
• High (80% chance of developing major stress-induced health problems in the next two years high degree)	34	35.8

Level of psychological empowerment		
• Low	0	0
• Moderate	15	15.79
• High	80	84.21
Mean (SD)	51.6(6.5)	
Meaningful work subscale		
• Low	2	2.11
• Medium	19	20
• High	74	77.89
Mean (SD)	13.2(2.1)	
Competence subscale		
• Low	1	1.05
• Medium	9	9.47
• High	85	89.47
Mean (SD)	13.5(1.8)	
Autonomy subscale		
• Low	1	1.05
• Medium	19	20
• High	75	78.95
Mean (SD)	12.9(2.1)	
Impact subscale		
• Low	7	7.37
• Medium	27	28.42
• High	61	64.21
Mean (SD)	12.0(2.5)	

Table 3 shows the relationship between the studied psychiatric nurses' mean scores of The Holmes-Rahe lifestress Inventory and psychological empowerment scale. It can be noticed that there was no significant relationship between the studied nurses' mean scores of The Holmes-Rahe lifestress Inventory (which predicts their susceptibility to stress related illness in the next two years) and their mean scores of psychological empowerment scale or its subscales. On the other hand, the total mean score of psychological empowerment scale was significantly highly correlated with meaningful work ($r=.67, p=.000$), competence ($r=.81, p=.000$), autonomy ($r=.81, p=.000$), and impact ($r=.80, p=.000$).

Table (3): The relationship between the studied psychiatric nurses' mean scores of The Holmes-Rahe lifestress Inventory and psychological empowerment scale.

Variables		Total Stress Score	Meaningful work	Competence	Autonomy	Impact	Total Empowerment
Total Stress Score	Pearson Correlation	1	.148	.058	.014	.037	.072
	Sig. (2-tailed)		.151	.579	.890	.718	.489
Meaningful work	Pearson Correlation	.148	1	.442**	.387**	.310**	.667**
	Sig. (2-tailed)	.151		.000	.000	.002	.000
Competence	Pearson Correlation	.058	.442**	1	.597**	.528**	.809**
	Sig. (2-tailed)	.579	.000		.000	.000	.000
Autonomy	Pearson Correlation	.014	.387**	.597**	1	.544**	.810**
	Sig. (2-tailed)	.890	.000	.000		.000	.000

Impact	Pearson Correlation	.037	.310**	.528**	.544**	1	.801**
	Sig. (2-tailed)	.718	.002	.000	.000		.000
Total Empowerment	Pearson Correlation	.072	.667**	.809**	.810**	.801**	1
	Sig. (2-tailed)	.489	.000	.000	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4 shows the relationship between socio-demographic characteristics of the studied psychiatric nurses and their degrees of susceptibility to stress related illness. It can be observed that none of the socio demographic characteristics are significantly correlated to the studied nurses' degrees of susceptibility to stress related illness.

Table (4) the relationship between socio-demographic characteristics of the studied psychiatric nurses and their degrees of susceptibility to stress related illness.

Socio-demographic characteristics		Degrees of susceptibility to Stress-Related Illness								ChiSq P
		Low		Medium		High		Total		
		No	%	No	%	No	%	No	%	
Age	20-	8	26.7	11	36.7	11	36.7	30	100.0	3.963
	30-	9	24.3	13	35.1	15	40.5	37	100.0	
	40-	7	43.8	6	37.5	3	18.8	16	100.0	
	50-59	2	16.7	5	41.7	5	41.7	12	100.0	
Sex	Male	4	19.0	7	33.3	10	47.6	21	100.0	1.826
	Female	22	29.7	28	37.8	24	32.4	74	100.0	
Ward	A grates	17	37.0	11	23.9	18	39.1	46	100.0	13.860
	B grates	1	11.1	5	55.6	3	33.3	9	100.0	
	C grates	4	40.0	5	50.0	1	10.0	10	100.0	
	D grates	0	0.0	2	33.3	4	66.7	6	100.0	
	Paid word	4	16.7	12	50.0	8	33.3	24	100.0	
Education	Diploma Degree	18	31.0	19	32.8	21	36.2	58	100.0	3.055
	Technical Degree	2	13.3	6	40.0	7	46.7	15	100.0	
	Bachelor Degree	6	27.3	10	45.5	6	27.3	22	100.0	

Table 5 shows the relationship between socio-demographic characteristics of the studied psychiatric nurses and their levels of meaningful work as a subscale of psychological empowerment. It can be noticed from the table that 81.1% of female psychiatric nurses had higher level of meaningful work(81.1%) compared to 66.7% of male nurses with a statistically significant relation between sex and meaningful work subscale (p=0.021).

Table (5) The relationship between socio-demographic characteristics of the studied psychiatric nurses and their levels of meaningful work as a subscale of psychological empowerment (the only found significant relation among the other subscales).

Socio-demographic characteristics		Meaningful work								Chi-Sq P
		Low		Medium		High		Total		
		No	%	No	%	No	%	No	%	
Age	20-	1	3.3	8	26.7	21	70.0	30	100.0	5.072
	30-	0	0.0	5	13.5	32	86.5	37	100.0	
	40-	1	6.3	4	25.0	11	68.8	16	100.0	
	50-59	0	0.0	2	16.7	10	83.3	12	100.0	

Sex	Male	2	9.5	5	23.8	14	66.7	21	100.0	7.680*
	Female	0	0.0	14	18.9	60	81.1	74	100.0	.021
Ward	A grates	1	2.2	13	28.3	32	69.6	46	100.0	9.134
	B grates	1	11.1	1	11.1	7	77.8	9	100.0	0.331
	C grates	0	0.0	1	10.0	9	90.0	10	100.0	
	D grates	0	0.0	0	0.0	6	100.0	6	100.0	
	Paid word	0	0.0	4	16.7	20	83.3	24	100.0	
Education	Diploma Degree	1	1.7	11	19.0	46	79.3	58	100.0	1.190
	Technical Degree	0	0.0	3	20.0	12	80.0	15	100.0	0.880
	Bachelor Degree	1	4.5	5	22.7	16	72.7	22	100.0	

* p value at .05

IV. DISCUSSION

Psychiatric nurses are constantly present with their patients and are involved in their suffering, therefore they are experiencing continuous emotional load⁽³⁵⁾. Nurses are also loaded by the increased complexity of life in general as well as the health care system which may hinder their ability to accomplish their caring tasks while maintaining optimum health⁽³⁶⁾. Thus, empowering psychiatric nurses helps in increasing the nurses' feeling of self-strength, control, self-power, self-reliance, and ability to make their own choices. These aspects are mandatory to maximize the nurses' ability to function under stress without developing an increased susceptibility to develop stress related illness in the future. Psychologically empowered psychiatric nurses can demonstrate confidence in their own ability, sense of control over work, and that they have an effect on their organizations. Also, they perceive that their life demands and job requirements are congruent with their own values, beliefs and abilities⁽³⁶⁾.

Results of the present study showed that most of the studied psychiatric nurses had high level of psychological empowerment both on the total and the four subscales. Literature reported that increased workload in psychiatric nursing field could be an important cause of their increased level of psychological empowerment. The increased workload may increase nurses' motivation to work and drive them to do their best in their job. This also may provide them with more opportunities for learning and being in touch with human experiences⁽³⁷⁾. Therefore, they go through a reciprocal process of working more and being more psychologically empowered and thus they feel a sense of control in relation to their work. Another rational for the high level of psychological empowerment of psychiatric nurses is finding that most of them were in their thirties or older and the highest percentage of them had diploma degree in nursing. These factors may lead them to be mature enough and professionally able to master the needed skills to accomplish the required tasks in a psychiatric setting. Further, the greater part of the job of the psychiatric nurses at El Maamoura hospital is concerned with administrative and specific manual procedures in which they are highly expertized and competent.

The present study revealed that high percentage of the studied psychiatric nurses demonstrated moderate and severe level of susceptibility to stress related illness in the next two years. Psychiatric field is an area of nursing that is highly stressful and requires a lot of energy to deal with such chaotic daily events and problematic issues. This may compromise the psychiatric nurses' abilities to manage stress and therefore increase their susceptibility to develop stress related illness. This may be because psychiatric nurses are repeatedly confronted with patients' emotional needs and they additionally face a lot of unexpected responses from their patients, as testing behaviors, manipulative, violent and impulsive behaviors. Thus, a lot of energy is drained to control and deal with these situations⁽³⁸⁾. Moreover, nurses play many different societal roles, among which is being a wife, a mother, a daughter and a mentor to their offspring. Therefore, they are certainly faced with a variety of day to day stressors. Further, nurses experience many life stressors that may involve losses or death of loved one, loss of control over one's life, personal failures, or even personal success⁽³³⁾. This goes in line with finding that psychiatric nursing is among the most stressful areas of nursing⁽²⁶⁾. Additionally, it was reported that nurses in psychiatric wards experience high levels of stress, and consequently, their level of general health and well-being is significantly lower⁽⁴⁰⁾. Contrary to this finding, it was claimed that experience in psychiatric field can enhance the nurses' awareness of their own protective skills and ability to use these skills to decrease the effect of stress on them⁽²⁵⁾. Furthermore, by experience nurses get the ability to use their own internal and external resources to improve their psychological flexibility and adaptability⁽⁴¹⁾.

Current results showed that there was no statistically significant relationship between levels of psychological empowerment and any of the three degrees of susceptibility to stress related illness. This result was unexpected and it may be difficult to interpret. One possible rationale for this finding may be that the studied psychiatric nurses were highly psychologically empowered to the extent that they failed to perceive the impact of their life stress on themselves although they are highly susceptible to develop stress related illnesses in the next two years. It was reported that along with increased responsibilities or role ambiguity that might come with empowerment, psychologically empowered individuals can also experience self-determination, competence and impact, which work together to increase the sense of control⁽⁴²⁾. Thus, nurses' who were highly psychologically empowered, were able to have greater sense of control, autonomy and impact that helped them buffer the effect of their life stress although they are still susceptible to develop stress related illness. This is also supported by finding that as the negative effect of stressful demand decreases as perceived control increases, and by having a sense of control over potential stressors; persons perceive less strain⁽⁴³⁾.

In addition, the studied nurses age and degree of maturity may suggest that they were able to develop a certain degree of professional isolation. Therefore, they are not overwhelmed with their stress. Further, psychiatric nurses may be supported by each other in their work environment. This peer support may help them maintain adaptive capability and act in a productive manner. In this respect, literature emphasize that factors nurses may share can enhance their abilities and adaptation but individuality in nursing may lead to a feeling of being alienated. Thus, nurses may become motivated to care or act not by their differences but by their ability to recognize themselves with others⁽⁴⁴⁾. Psychological empowerment not only enhance the nurses' adaptive capabilities, but it also allows psychiatric nurses to buffer the effect of stress or decrease their perception to the difficulty of the stress events from different sources and help them to grow stronger from negative experiences⁽⁴⁰⁾. Therefore, empowerment that is used to cultivate a greater capacity to cope with the realities of the nursing roles can protect nurses against stress⁽⁴⁵⁾. It is also possible that most of the studied nurses were females, they were able to ventilate their negative feeling associated with stress, thus decreasing their perception of the effect to life stressors on their health. On the other hand, empirical studies on psychological empowerment found negative links between empowerment and level of strain⁽⁴⁶⁾. This result may also be due to that the nurses were instructed to rate their stressors that occurred during the last 24 months on the The Holmes-Rahe lifestress Inventory. Thus, the psychiatric nurses could be unable to emotionally perceive the powerful negative effect of their life stress on them, although these stressors are cognitively recognized and can potentially compromise their future health.

Although total psychological empowerment did not significantly correlate with any of the socio-demographic data, meaningful work subscale was significantly correlated with female gender. This subscale reflects an individual's belief that his/her work is important and his/her meaningful fondness for what he/she is doing⁽¹⁰⁾. Thus, the positive correlation could be attributed to the female natural caring and giving tendency that could help the nurses to find themselves satisfied with providing care to suffering patients. Moreover, female nurses may go through a process of empathy with their patients that may grow to practice a mothering role during their work time. So, their work helps them feel powerful and actualized. Thus, the authors would like to end this discussion with a quotation from a psychiatric nurse about psychological empowerment:

"I felt lost and totally unable to deal with the frantic pace, overwhelming psychiatric features of patients, and emotional tragedies that unfolded on a daily basis in the acute ward. She took the time to reassure me that what I felt was normal. Her next comment became an essential part of my value system as a nurse. She told me that caring is what these patients needed. By helping to clarify the value system around caring, and expressing her trust in me, she helped empower me to become a nurse who had been active in psychiatric nursing for 27 years".

V. CONCLUSION

The current study concluded that psychiatric nurses at El-Maamoura Hospital for psychiatric medicine had high level of psychological empowerment, moderate and severe degree of susceptibility to stress related illness. Female nurses possessed high level of work meaningfulness rather than male psychiatric nurses. Psychological empowerment was not related to susceptibility to stress related illness among the studied psychiatric nurses. Thus, having high psychological empowerment helps psychiatric nurses to buffer the stress they face by affecting the nurses perception to stress although they are highly susceptible to stress related illness.

VI. RECOMMENDATIONS

Structured programs must be established to enhance psychological empowerment among male nurses in order to develop and raise their work meaningfulness.

Further studies are needed to explore other indicators of susceptibility to stress related illness such as measuring the tendency to develop anxiety and depression.

Further studies may investigate the psychiatric nurses perceived stress in addition to the The Holmes-Rahe life stress Inventory and empowerment.

Assessing the type and amount of support that is running among psychiatric nurses is crucial in order to explore their patterns of help and solidarity with each other. This will help developing supportive group therapies to guard against potential health related illness.

Nurses at El Maamoura Hospital for psychiatric medicine are in need for work support programs to tackle their level of stress and their susceptibility to life related illnesses.

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